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MEDICAL ESSAYS.—NO. III.*

[Communicated for the Boston Medical and Surgical Journal.]

"EXTREMES ARE DANGEROUS."

Of the extremes to be avoided, we shall first mention, in this essay, the *vicissitudes of the atmosphere.* "It is easy to see," says a judicious author, "that there is a certain degree of constancy in the average weather and seasons of each place, though the particular facts of which these generalities are made up seem to be out of the reach of fixed laws. It is found that very hot summers, or very cold winters, raise or depress the mean annual temperature very little above or below the general standard." We cannot but coincide with this author, and declare it as our full belief, that *all* the laws of atmospheric vicissitudes, although they may operate injuriously upon particular individuals, are yet founded in wisdom and goodness; and as such, demand the incessant study and admiration of those who have an eye to the welfare of their friends and fellow creatures. The changes which take place in the atmosphere are not the same in all places, nor do the *seasons* appear to be the same in any one place; and yet at all localities and in all neighborhoods, there is evidently, as above stated, an *average of weather and seasons.* It is often remarked by persons who have had the privilege of observation, that the seasons in this country are materially different from what they were some years ago. This observation may possibly be of some advantage in relation to agriculture, and also as a prudential consideration in regard to health. At any rate, it would seem to modify some of the habits formed in early life. It is indeed a pity that any one should entirely neglect the temperature and course of the winds, or the extent and appearance of the clouds (those watery and electric vehicles of the sky), as these are not unfrequently a very good index of the weather, and may often furnish to the invalid a very seasonable prognostic. The man who has once suffered severely from an imprudent or unlucky exposure to the weather, must indeed be pronounced very much lacking in judgment, if he refuse to take advice from *any* quarter, or does not, at least, resolve, as much as in him lies, to avoid a similar exposure.

A new term has of late years obtained in medical vocabularies. We hear of individuals who are said to have been *acclimated.* When an individual removes from the north to the south, in our own country, it is said that he becomes comparatively secure from the peculiar diseases of the southern country, by being *acclimated* or *seasoned.* Hence it would seem that there is such a thing in the human system, or, in other words, in the solids and fluids of the human body, as a susceptibility of being adapted or seasoned to a particular climate, so as to enjoy a greater exemption from its diseases. Our object, however, in the present essay, is to caution the reader more particularly against the extremes of *heat* and *cold* in all climates. We trust we are not singular in the opinion that cold is the most prolific source of disorder and disease. We are sensible, however, that it is by no means easy to draw an accurate line of distinction between the influence of heat and cold, and ascribe a particular disorder in the system to mere cold, wholly unconnected with heat. In doing this, it might be said, perhaps, that we were unphilosophical, or that we had taken a bold step against the received doctrine of animal temperature; although it is asserted, under no slender authority, that the "matter of heat has no agency in the temperature of bodies." *Cold* commences its ravages at a very early age. Dr. Trevisan, in Italy, and MM. Villermé and Milne Edwards, in France, have ascertained, by their researches, that at least sixty-six *infants* out of one hundred die by being exposed to cold air a few days after birth. The mortality of new-born children in certain towns and districts in our own country, is such as to demand the most assiduous attention of every humane man and woman. Every faithful physician will of course make it his business to inquire into the *causes* of this calamity, and provide a suitable remedy.

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* It is due to our correspondent to state that the irregularity in the publication of his numbers is attributable to no negligence on his part—the copy of the whole series having been received from him at once.—Ed.

The vicissitudes of the atmosphere, then, against which we would caution our readers, and the avoidance of which will prevent disease and secure a greater amount of health, may be said to consist in the sudden changes from hot to cold, and from cold to hot weather, accompanied with more or less humidity in the atmosphere. The exposure to which we have alluded is, in fact, a voluntary presumption upon the *constancy* of the seasons, and a sudden venturing upon forbidden ground; and so long as human nature remains the same, characterized as it is by thoughtlessness and carelessness, we may look for nothing better than these imprudences. There is also a species of recklessness in some individuals, who seem to take a pride in venturing upon the extremes of heat and cold. Habit, it is true, exerts a great influence both in health and disease; and we not unfrequently hear one and another allege, that they are *accustomed* to the very exposure to which we allude. It may be so, but still we deem it our solemn duty to lift a warning voice against such a practice.

Cold and heat, generally, make their first attack upon the extremities of the human system, and their natural tendency is to diminish the proper action of some one organ or tissue. "Exposure to cold," says one, "by checking the action of the skin, increases that of the lungs; hence, inflammation of the mucous surface, and even of the substance of the lungs. Living in damp rooms, with bad food and cold air, produces inflammation of the lymphatics, by diminishing the vitality of the heart and arteries." "Excessive heat," says another, "disposes the body to inflammatory diseases, and particularly to inflammation and enlargement of the liver."

As we do not and cannot treat at large upon the nature and power of these two great agents (heat and cold), we would simply urge the reader to seek some protection at least from their influence, provided necessity should demand an exposure. The hands and feet are the extremities most liable to cold, and much may evidently be done by every person for the purpose of preserving their proper temperature. Since we began to pay that attention to our own health, that duty seemed to require, we have experienced much benefit from our endeavors to preserve the equal temperature of our feet. Indeed we have been disposed in all seasons of the year, and in every vicissitude of the weather, to regard the state of our feet as a sure index of the state of our health. To have cold feet, habitually, is not only to experience an unpleasant sensation, but it is a most certain evidence of some morbid affection in the system. It was customary among the Orientals to wash the feet of a traveller before he retired to rest, and the practice was probably beneficial to health. But as the same occasion of washing the feet does not exist in this country, we would only urge upon our countrymen an habitual washing for the sake of cleanliness, and for the purpose of preserving the proper temperature of the feet. In a future essay we shall drop some further hints upon maintaining the proper temperature of the extremities of the body, especially as it stands connected with the all-important doctrine of the circulation. In regard to the injury that may be inflicted by a vertical sun, or what is sometimes called a stroke of the sun, it happens so rarely that we need only mention it ; nor does it seem necessary for us, in this place, to do more than to suggest the danger of rudely thrusting the hands or feet into a hot element—an instance of indiscretion, chargeable only upon the insane or the intoxicated.

It seems very evident that the augmentation of the sensibility of an organ, will produce a greater afflux of blood to that organ, and also that a great excitation of any organ or vessel will naturally occasion febrile disturbance. These are principles so generally admitted, that we need not spend time to confirm them. Hence it follows, that any great labor or violent effort of mind or body, violent anger, or any other passion, carried to a high pitch, frequent and long watchings, and deep anxiety and dejection of mind, will pre-dispose the system to disease, and should be carefully avoided. Those persons who, from necessity or a sense of duty, are exposed to the influence of long watchings, are bound, from a like sense of duty to themselves, to take every precaution which circumstances will admit, and prudence dictate. The number of young men who injure their health by hard study and close application is so small, and a martyr to human learning is so rare among us, that we would simply advise the hard student to adopt a suitable diet and proper exercise, and also to consider well those examples which literary biography presents, of individuals of slender constitution who (by proper exercise and regular habits) have performed achievements in literature. Let it suffice to name the elder *President Edwards*, who, although he had a feeble constitution from his birth, contrived to apply himself to his studies quite *eight hours* a day. And it may be said, with truth, that the productions of Edwards were more numerous, and displayed more labor of intellect, than can be said of any one of his contemporaries, and perhaps of any one man, in any age, during so short a life.

Of the extremes to be avoided, we shall next mention the *inhalation or breathing of impure air.* It is a point well ascertained, that atmospheric air loses its oxygen (the grand constituent of its purity) by constant respiration, especially in crowded apartments. The air, in such situations, is said to be *stagnated*, or loaded with impurities; and hence, says Dunglison, "one of the greatest hygienic improvements of modern times, has been a proper attention to circulation of air." Our object at present is not so much to treat upon the benefits of a change of air, as it is to urge, by way of precaution, the proper ventilation of confined apartments. The importance or necessity of introducing fresh air into prisons, did not escape the notice of the benevolent Howard in his researches in the dungeons of Europe; but, indeed, this is so obvious, that one is surprised at its being so generally neglected. The common neglect accounts at once, in a good degree, for the great depreciation of health among criminals in a state of confinement. We could never bring ourselves to yield to the notion that it is impossible properly or safely to ventilate every dungeon. We believe it may always be done, though it may demand a species of skill not usually possessed or practised. There is doubtless a great want of skill and judgment in the erection of dwelling houses in relation to this matter. We are fully convinced that every dwelling house may be so constructed, as to admit of such a free circulation of air as would secure (all things being equal) the good health of the inmates.

It is not an uncommon circumstance for the learned and the unlearned to institute comparisons between one situation or locality and another, and give the preference in point of health to that which is more elevated and airy. But we are prepared, from actual observation, to assert the fact, that families located upon comparatively low grounds not unfrequently enjoy a greater amount of health, than those which occupy more elevated stations. More health is generally enjoyed by families located immediately on the banks of the *Mississippi*, than upon the hills at moderate distances from the river. The same fact has been observed in a particular section of one of the largest counties in Virginia. One thing, however, is pretty well ascertained, that, at every preferable locality of that sort, there is a provision for a *free circulation of air.* It seems that a mistake is sometimes committed, by cutting down all the trees adjacent to an elevated situation, as these may serve very much to promote the purity, as well as a free circulation of the air.

Enough has already been said and written upon *choke damp* and *fire damp*, and the poisonous nature of certain gases produced by the chemist. Our essay is intended (however illy adapted it may be) for general reading, and of course it will not admit of a chemical or philosophical discussion of these wonders. Let it suffice, at present, to observe, that whenever any one is under the necessity of advancing into those places where fixed air has been known to exist, it would be a wise precaution to take a lighted torch along, and retire immediately at the first sign of its being extinguished.

Before we close this essay, we cannot forbear offering one remark upon a change of air, by way of removal from one place to another. We have actually known a visit to the Springs of Virginia of more service, by way of a change of air, and the exercise and circumstances of the journey, than by any virtue in the waters themselves, although the evidence in favor of those waters is very great, and such as accumulates every year.

AMERICAN DENTISTRY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I have been prevented, till within a few days, from the perusal of a few of the last Journals; and in looking back, I find in No. 17, dated November 28th, under the head Dental Surgery, a short paragraph introductory to a letter purporting to be "from Mr. Robert Nasmyth, Dentist, of Edinburgh, in answer to one written to him some time since by Henry A. Dewar, M.D., of Boston."

The remarks made in that paragraph, and some of the statements in the letter (a letter surely never intended for publication), so far as they may claim attention from your readers, are calculated to produce impressions which I cannot consent to have circulate through the extensive path in which your useful periodical passes, without a few observations which may tend to place both the subjects and the objects of the abovementioned publication, in their true light.

In that leading paragraph (which I take to have been written by Dr. Dewar himself), it is stated that Dr. Dewar had written to Mr. N. concerning certain matters "relating to the practice of dentistry, in this country, and more especially to the important branch of filling teeth, in which many decided improvements have been made, and which are as yet but little known either in this country or in Europe, for *reasons* which American dentists can best give."

What Dr. Dewar meant by this pointed insinuation is not for me to say; but the only inference which can be drawn from such an observation, as must have been clearly seen by Dr. Dewar, is, that owing to the illiberality of American dentists, the improvements which are made by individuals are confined to the few by whom they are introduced. But it must be said, to the credit of those who are regularly educated to the profession, who are best informed, and to whom we are indebted for the improvements which have been made, that they are not of the class who are given to jealousy and secrecy. If they were, it would not have been so easy for Dr. Dewar to have written to his friend an account of American improvements. They communicate freely with each other, and teach their pupils without reserve all that pertains to their profession. They do not, indeed, often publish in medical periodicals every little improvement in their treatment of the diseases of the teeth or in their modes of operating, till they have been fairly tested; but then they appear in due time, either in these or in works of another form. Nor do they choose to spread them abroad in the columns of a newspaper, for the convenience of those who are picking up the means of practising dentistry at some rate or other, regardless of the manner, and indifferent to the public good. And it is not becoming in a young foreigner, who has been treated with all due attention and confidence by Boston dentists and others, until they understood his movements in relation to themselves, and then with great forbearance, to be in any way the author of such a paragraph as the one we have noticed, or of the publication of such a letter as that which follows it, considering the evident purpose for which it has been done.

In that paragraph it is also stated, that "it is to Dr. Hudson, of Philadelphia, that the world has been chiefly indebted for the high stand which dentistry has taken," &c.—and that "he was the first who showed that it was possible to retain the teeth that nature had given, in most instances, instead of trusting to art to replace them."

What can Dr. Dewar mean by such an assertion as this, except, after mentioning American improvements in dentistry, to throw the principal credit back on a foreigner? He knows, or has been told, as much of the well-merited reputation of Dr. Heyden, of Baltimore, and of Mr. Parmley, of New York, as he has of Dr. Hudson. And he has been informed, also, of the professional reputation of the senior Dr. Flagg, late of this city, to whom, if to any one person, the credit is due for introducing an effective mode of treatment for arresting the diseases of the teeth, which treatment he practised, and explained to many medical contemporaries, before Dr. Hudson came to this country. Dr. Dewar likewise knows well the important standing of many others, who are now in the vigor of life, with twenty years experience or more in their profession, to some of whom the improvements in dentistry for the last fifteen years, owe their origin. He ought to know, also, that in no single department of surgery has there been more improvements during the same period, and that the use or application of them has been attainable to all who would avail themselves thereof by sharing in any *honorable* and *reasonable degree* the labor and cost of introducing them.

With regard to Mr. Nasmyth's letter, I would say nothing which should reflect discredit to that gentleman; I have for several years known him by reputation, as a celebrated and excellent dentist, and one much more disposed than his correspondent to reciprocate the civilities of his American brethren of the profession.

It was evidently intended as a private letter, and it was unjust to Mr. Nasmyth, to the readers of the Boston Journal, and to American dentists particularly, to publish it in the manner that it has been.

It was done to direct attention to *Dr. Dewar's liberality* in collecting the various American improvements in dentistry (without adverting to the *manner* in which he obtained the information), and then freely communicating them to his countrymen.

But Dr. Dewar contemplates returning to Edinburgh to establish himself (his own word for this), and there is no small evidence of worldly wisdom in his paving the way for a favorable reception by Dr. Nasmyth.

See what his plans are for this purpose! He has been made to believe that the great *secret* and excellence of filling teeth depends on the particular mode in which pieces of gold are curiously placed in them, more than on the knowledge, skill and experience of the operator; and he sends a tooth, which has been filled in a vise by a *Hudsonian operator*, to Mr. Nasmyth, for the purpose of illustrating the different steps of an important and often difficult operation; which is about as sensible as it would be to send an amputated limb to St. Thomas's, in London, to show how adroitly the surgeon had removed it, at the Massachusetts General Hospital.

Specimens of American mineral teeth are also sent to Mr. N., and by the remarks in the letter, he no doubt viewed them as made by Dr. Dewar, and so the latter would have it understood by those who read the Journal; yet they were probably the porcelain teeth made in Philadelphia, which are better than any that are yet manufactured in Europe, but not to be compared with the best which are made in this city, by several dentists, who prepare them for their own operations only; and it is well known that Dr. D. had it not in his power to make even a tolerable imitation of them, at the time his letter to Mr. N. must have been written—and there are good reasons for believing that he has not made a mineral tooth, such as should be used, since he has been in Boston.

In the next place, I must state that there is nothing new in the letter relating to dentistry, nor was it so pretended by the writer; then why was it given to the public by Dr. D., except to present the appearance of something new from abroad, and to produce an impression in his own favor, regardless of its correctness, or the bearing it would have on American dentists.

The forceps for filling the molar teeth, and even others for the front teeth, which Mr. N. thinks might be contrived, have been used in this country thirty years.

The extracting instrument mentioned in the letter is no recent improvement, although it was noticed as such in a previous number of the Journal—the 15th. It was introduced twenty years ago—was constructed by Dr. Martin, now of this city—is only a variation of the old German key, the use of which is now generally given up for the forceps; and the first that was made from the inventor's pattern is now in his possession at my house. *And all this Dr. Dewar knew* before the publication of Mr. Nasmyth's letter.

One thing more, not new, mentioned in the letter, is the amalgam of silver for filling teeth, made with a large portion of quicksilver—a base article, which never ought to be used in the teeth, and never ought to be publicly brought to notice, except as it was by Mr. Parmley, of New York, a few years since, to expose the vile practice of the Messrs. Crawcours, who were committing their depredations in that city by the use of this or a similar compound. Mr. Nasmyth states that it is very useful in cases where there is too much tenderness to allow the use of tin or gold—as where a nerve is exposed, &c. Owing, however, to late improvements, we find no such cases. Any tooth which has enough of its crown left to be worth saving, and which is not wholly or nearly ulcerated, can be saved by proper treatment, and gold filling.

I wish I could have expressed what I had to say in fewer words and with less personality, than I have done; but I could not in justice to those whom it concerns. There is no reason for bearing with the man in submissive silence any longer. All his manœuvres have been of a piece—for while he has received the attention in this city already mentioned, he has, at the same time, by a standing notice in your Journal, for a year or two, directed the public eye to himself as advantageously situated to receive a number of pupils, and to afford them every facility and accommodation, and give them all the instruction requisite to render them accomplished dentists; when it was well known, by those who knew him best, that he was not in any due degree prepared to do anything of the kind in the manner in which it should be, and in which it was done by others in the city. Yours, &c.,

No. 31 *Winter Street.* J. F. F.

DESLANDES'S ESSAY.

[The following letter, to the editor, from Dr. Woodward, the distinguished Superintendent of the Insane Hospital, at Worcester, speaks so particularly of the merits of Deslandes's treatise on masturbation, that we avail ourselves of his remarks with a view to encouraging practitioners to read a work which will be of great service to them in the course of a professional life.]

Dear Sir,—I have given the little volume, which you was so obliging as to send me, a hasty perusal. The facts which it contains are numerous and interesting, and the results of the observation of the writer coincide very much with my own, as you probably discover. The experience of the author is much more extensive than mine, and his conclusions of the universality of the habit in infants and young children may be too sweeping. I have no doubt the habit exists to a greater or less extent; I have seen it myself in a few cases very young. The opportunities for discovering its extent with females is much greater in France, than in this or perhaps any other country. It is doubtless very much more common in this country than is generally supposed, or than most medical men are ready to believe. That it is a most fruitful source of ill health and fatal disease with the young, I have no doubt. In this respect I think the volume is calculated to do much good to the professional reader. I am of opinion that it is decidedly the best book extant on the subject, for the physician, and it is designed for the profession principally. I hope, therefore, it will go into extensive circulation, and that the faculty will all procure it and peruse it thoroughly. From our brethren the subject has not received the attention which it merits. Many have doubted the extent of the evil and the mischief which results, merely because they have not inquired. The views of the writer are excellent on this subject. We must inquire of our patients *as medical men*, and not as *moralists* who are to follow a discovery of the fact with lectures and anathemas on its moral turpitude and sinfulness, if we wish to come at facts, and we shall generally find little difficulty of learning the whole truth, particularly from young men.

I have nothing to do with the writer's theories, or the mode of accounting for many phenomena, which he adopts; and after saying that I should think him occasionally extravagant in his descriptions, and too general in his conclusions, I would suggest that the book is an excellent manual, and decidedly the best for the physician of any that can be found in the libraries. Yours, respectfully,

Worcester, Dec. 24, 1838. S. B. Woodward.

RECENT VACCINE LYMPH.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I recently vaccinated some children with matter received from Mr. Estlin, of Bristol, England. He had the rare opportunity of getting it directly from the cow. He states that "the cow diseased was at a farm in Gloucestershire, about the 7th of August, 1838. Miss A. was infected by milking.

Jane ——	inoculated from Miss A.	Aug.	11
Stoll,	vaccinated from the above	"	23
Stiff	" "	Sept.	1
Morris	" "	"	12
Frankham	" "	"	19
Webb	" "	"	26
Holden	" "	Oct.	3
Halton	" "	"	10
Chalk	" "	"	17

from the latter of whom the matter now forwarded was taken on the 8th day, October 24, 1838."

With this matter I vaccinated, on the 14th of this month, Andrew Roberts, a healthy infant, æt. 4 months. The quills I send you were charged, to-day, from a perfect vesicle on his arm.

In order to compare this matter with that which we have hitherto employed, "it is desirable to select healthy children and such as are free from cutaneous disease." Yours, &c.

Boston, Dec. 21, 1838. C. G. Putnam.

N. B.—I shall have a full supply in the course of a week, for any of your correspondents who may wish to try it. C. G. P.

THE EYE.

Sir David Brewster laid before the British Association for the Advancement of Science, at their last session, a series of beautiful preparations of the eye made by Mr. Clay Wallace, an able oculist in New York, calculated to establish some important points in the theory of vision. As no paper accompanied these preparations, which had reached him at Newcastle, Sir David Brewster explained to the meeting their general nature and importance. Mr. Clay Wallace, he stated, considers that he has discovered the apparatus by which the eye is adjusted to different distances. The adjustment is, he conceives, effected in two ways—in eyes which have *spherical lenses* it is produced by a *falciform* or hook-shaped muscle attached only to one side of the lens, which by its construction brings the crystalline lens nearer the retina. In this case, it is obvious that the lens will have a slight motion of rotation, and that the diameter, which was in the axis of vision previous to the contraction of the muscle, will be moved out of that axis after the adjustment, so that at different distances of the lens from the retina different diameters of it will be placed in the axis of vision. As the diameters of a sphere are all equal and similar, Mr. Clay Wallace considered that vision would be equally perfect along the different diameters of the lens, brought by rotation into the axis of vision. Sir David Brewster, however, remarked that he had never found among his numerous examinations of the lenses of fishes any which are perfectly spherical, as they were all either *oblate* or *prolate* spheroids, so that along the different diameters of the solid lens the vision would not be similarly performed. But, independent of this circumstance, he stated that in every solid lens there was only one line or axis in which vision could be perfectly distinct, namely, the axis of the optical figure, or series of *positive* and *negative* luminous sectors, which are seen by the analysis of polarized light. Along every other diameter the optical action of the lens is not symmetrical. When the lens is not a *sphere*, but *lenticular*, as in the human eye or in the eyes of most quadrupeds, Mr. Clay Wallace considers that the apparatus for adjustment is the ciliary processes, to which this office had been previously ascribed, though not on the same scientific grounds as those discovered by Mr. Wallace. One of the most important results of Mr. Wallace's dissections is the discovery of *fibres in the retina.* These fibres may be rendered distinctly visible. They diverge from the base of the optic nerve, and surround the *foramen ovale* of Soemmering at the extremity of the eye. Sir John Herschel had supposed such fibres to be requisite in the explanation of the theory of vision, and it is therefore doubly interesting to find that they have been actually discovered. Sir David Brewster concluded his observations by expressing a hope that anatomists in that country would turn their attention to this subject; and that, with this view, he would place the preparations of Mr. Clay Wallace in the Exhibition Rooms at Newcastle during the week.

LUNACY IN ENGLAND.

From a return made to the House of Commons (1836), it appears that the number of pauper lunatics was as follows:—*Paupers* confined in asylums built under the provision of the 9th George IV., c. 40—as *lunatics*, males, 1260, females, 1350; *idiots*, males, 90, females, 801;—confined in private lunatic asylums, as *lunatics*, males, 659, females, 744; *idiots*, males, 35, females, 53;—under the care of parish officers, as indoor or outdoor paupers, *lunatics*, males, 915, females, 1474; *idiots*, males, 3247, females, 3760. Total, lunatics, 6402; idiots, 7265; lunatics and idiots, 13,667. Lunatic paupers and idiots alone form 0.00098 of the entire population, or 1 in 1024. In 436 Unions, there were 5259 idiots (2602 from birth), and 3841 lunatics, of whom 2601 were deemed incurable. Of 1000 not more than 286 were congenital idiots; while the entire class of idiots amounted to double the number, or 578; 422 were lunatics, of whom 287 in the 1000 were considered incurable, 135 curable. From the last Parliamentary returns (1831), it appears that there were about 108 licensed lunatic asylums in England—70 in the country, 38 in the metropolitan district; and that the houses contained 4495 insane patients. If we assume that the number of pauper lunatics, in licensed houses, was 1491, as in 1836, it will leave 3004 private patients to be added to the 13,567 before enumerated. As the lunatics in private custody are not counted, and great numbers are known not to be enumerated, we cannot set down the insane persons in England at much less than 20,000. The majority of the insane are naturally paupers, as the maintenance of a helpless lunatic by poor people is absolutely impossible. But the rich are not exempt from insanity; and it was ascertained in 1833, that the clear annual income of 399 lunatics, confined under the Crown alone, amounted to nearly 305,966*l.* The incomes of 351 amounted to 269,158*l.*; the income of 48 was not, at the time, ascertained. The average annual income of each lunatic in the care of the Lord-keeper, was 766*l.* 16*s.*, and the entire property of these, if the clear revenue be 4 per cent. on its value, must amount to 7,649,000*l.* To this must be added certainly not a smaller sum for the 3000 private patients under confinement in licensed houses. The property belonging to the insane in England must amount to *fourteen millions sterling;* and the clear annual revenue of their estates and properties to somewhere about 600,000*l.* a year.—*London Lancet.*

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BOSTON, JANUARY 2, 1839.

THE TRUE VALUE OF MEDICAL EXPERIENCE.

Such is the title prefixed to an introductory lecture delivered in the Medical Institute of Louisville, Ky., at the commencement of the present term, by Henry Miller, M.D., Professor of Obstetrics and the Diseases of Women and Children. One evidence of the value placed upon this performance, may be gathered from the fact that a respectable committee of the class solicited the manuscript for publication. This was a flattering tribute to the talents of Dr. Miller. And more particularly so, from the circumstance that he had not anticipated the honor. In his answer to the committee the following remarks occur: "I do not estimate it as highly as those who did me the honor to listen to it, and it was *conceived* and *delivered* without the remotest idea of its publication being solicited." Thus we discover that Dr. Miller made an honest expression of his own individual thoughts upon a subject which has long exercised the profound attention of men in all conditions of life. We make a few quotations.

"The first and most essential quality of valuable experience, which we shall mention, is, *that it grow out of an intelligent and discriminating observation of the phenomena that are its objects*. These phenomena are the product of the action of external agents on the human system, and the object of investigation is the discovery of the order of their sequence, or the assigning of a cause for each successive effect that may be developed."

"The connection between the disease before us and the cause which we assign for it may have no other than an imaginary existence, and yet the evidence collected in a hasty examination may be regarded, by a superficial inquirer, as demonstrative of its reality. The error which may be easily committed here is accusing as the morbific a certain cause, for no other reason than its propinquity to the disease. The latest irregularity or disturbing influence to which the patient may have been exposed, is apt to be arraigned as the cause of his malady, while it may, in truth, have no connection whatever with it, or at most have only favored its germination. But if the search after morbific causes may be frustrated, much more difficult is the tracing of their effects on the system, for these are evolved in obedience to the vital laws which govern its several component parts. All diseases, however simple, are composed of a number of phenomena successively arising, between which such a relation exists as authorizes us to consider that which immediately precedes the *cause* of that which follows. In other words, disease is a catenation of morbid phenomena, and the object of our researches is the discovery of the order of their succession. Nor is this merely a curious inquiry—on its successful prosecution depend all rational views of pathology and practice. Ignorance of any link in the morbid chain mutilates the whole; while the misplacement, or undue exaltation or depression of any one, leaves only a distorted perception of the disease, which cannot fail to influence prejudicially its remedial management."

"At all periods in the history of medicine, the rage has been the discovery of *new* remedies. Earth, air and ocean, the vegetable, animal and mineral kingdoms, have been ransacked—their products have been tortured in the chemist's crucible, to extract some principle of wondrous potency, not without hope that nature might be betrayed into the revelation of an elixir, reversive of her irrevocable sentence, and conferring immortality on earth to man. Nor has this earnest search been without fruit—a multitude of substances, solid, liquid and aeriform, have been discovered, possessed of active sanative properties; but amidst this copious pharmacopœia, how many articles are there whose modus operandi is well understood, whose effects on the system, in health and disease, have been thoroughly investigated? With reference to ony one article of the materia medica, is our knowledge of its properties so minute as to enable us to predict its precise operation in the various kinds and grades of disease to which it may be applied? To make correct observations on this subject is no child's play, nor is it the work of an individual or of a single generation. The effect of medicines is not the same in health as in disease—in one disease as in another, and every disturbing or modifying influence is to be taken into the account, in all our inquiries to learn their true properties and remedial application.

"Notwithstanding the advanced *age* if not *state* of medicine, it may well be doubted whether we are possessed of such accurate observations as to be acquainted with the precise value of a remedy, which has been employed and maintained its reputation longer than any other, albeit certain wiseacres have undertaken to decry it—we mean *bloodletting*. The recent researches of Louis, conducted upon the principles of the numerical method, render it doubtful, at least, whether the lancet is as potent an agent in pneumonitis as it has been generally esteemed. With relation to this and every other therapeutical agent, there is need of additional observations, prosecuted, if not according to his plan, with the exactitude and in the philosophical spirit of the great French pathologist. Then, and not till then, will something like the same certainty, which distinguishes the physical sciences, be introduced into medicine."

Although incompatible with the usages of our Journal to copy extensively, we are unwilling to leave Dr. Miller without making one more extract.

"The popular conception is, as we have said, that a physician's acquisitions are in proportion to the number of observations he has made, as if he knows nothing as he ought except what he has learned for himself; and the *senior* members of the profession not unfrequently endorse this, by the admission that their juniors are clever, promising men, coupled with the significant intimation that they *lack experience*. It is true that medicine is or ought to be only a collection of *facts* and *principles*, which are nothing but general facts, ascertained by the comparison and classification of individual ones. But how many of these facts is it the privilege of any single person to furnish ? Probably he who plumes himself most on his experience has not contributed a solitary new fact, although in his ignorance of the labors of his predecessors, he may imagine that he has done wonders. He, in common with his brother who started after him, is continually drawing upon the great fountain of facts which the experience of ages has accumulated, and which possesses this property of the Pierian, that shallow draughts intoxicate the brain, and drinking largely sobers us again. He has enjoyed, indeed, multiplied opportunities of verifying, and not a few of rectifying the observations of those who preceded him. With regard to the medicines, especially, which he has been in the habit of using, he has not been without the means of ascertaining, with greater precision, their shades of difference, the indications for their employment, and the effects which they may be relied on to produce, in the diversified morbid states for which he has daily administered them. But is medicine ordinarily practised in the philosophical spirit—the chief attribute of which is freedom from theoretical prepossessions and a stern determination to follow nature in the pursuit of facts, without which advancement in science is impossible ? We fear, or rather we *know* that it is not. The mass of physicians rest satisfied with the attainments they make during their pupilage, or if they look with unwonted interest into the manifold phenomena which court their inspection, too often they see through the spectacles of theory, which moulds their pliant observations to its shape. What advantage, then, has the experienced over the inexperienced physician ? Viewed in the light of sober truth, he has not generally whereof to boast. He is more skilled in the *tactics* of his profession ; he does not necessarily know *more*—he may know *less ;* he has only been drilled in the application of knowledge derived form others."

On the whole, the students who were the active agents in giving publicity to this excellent discourse, deserve commendation for their penetration. It is worth more to the college than a donation, because it evidences to the world that there is substance—more substance than show—in the medical faculty.

Brown's Improved Injecting Apparatus.—The inventor of this compact and economical apparatus will reap the benefit of his ingenuity. In the first place, the entire bulk of the whole instrument is so small, that, upon emergency, it might be packed in a waistcoat pocket. Another advantage over the whole catalogue of contrivances now generally in use, is its extreme simplicity. It can never, necessarily, get out of order. Those most familiar to us, retailed by the druggists at a high cost—wholly beyond the reach of a person of moderate means—have long flexible tubes, ivory fixtures, and metallic show-bills in the shape of copper plates, gilded screw heads, &c., entirely useless, but, nevertheless, expensive. Here we have the smallest possible quantity of metal to pay for, connected with a sack, in the shape of a conical tube, manufactured from Goodyear's patent India rubber, a species of manufacture which sustains a high reputation wherever its good qualities are known. Lastly, it is truly what it purports to be, an excellent, economical self-injecting instrument. Mr. Brown deserves the patronage of the afflicted and those who are under the necessity of resorting to mechanical means to preserve an even standard of health.

Medical Examiner.—The journal having the above title has been published at Philadelphia every fortnight during the past year. During this time, it has been ably conducted by Messrs. Biddle and Clymer, two intelligent and zealous members of the medical profession. Hereafter Dr. Gerhard, the able pathologist, will be associated with them, and the work will be published every week. It will contain, as it has done heretofore, lectures delivered at several institutions in Philadelphia, bibliographical notices, clinical reports, therapeutical details, &c. &c. Among the lectures thus circulated are several by Drs. Chapman, Jackson, Gibson, Gerhard, &c. In one of the late numbers is a very interesting summary of the life of Jenner. The original editors are determined to make their undertaking worthy of patronage, and we are glad to see that they have engaged Dr. Gerhard to assist them. We commend their journal to the medical profession, for we believe that a periodical under the direction of such editors will ever be true to itself and to the highest principles of medical investigation.

We understand that Dr. H. I. Bowditch, of this city, has been authorized to receive subscriptions. Price $5,00 per annum.

Louisville Medical Institute.—A correspondent, belonging to the Louisville Medical Institute, writes that the students number one hundred and eleven, and further, that the college edifices far exceed, in point of convenience, any medical establishment in this country or Europe. A particular description of each and all things pertaining to the institution would much oblige us. It is desirable that we should be in possession of it, with the addition of an engraving, if there is to be one, by April.

Toothaker's Instrument.—A tooth extractor, having a crescent-shaped fulcrum, which has been known a considerable time to the profession, but which was never extensively manufactured, has undergone manifest improvements, suggested by Dr. Toothaker, of South Reading, whose name *is* familiar to our readers as the writer of essays on medical botany. The essential improvement consists in having the fulcrum taken off readily, so as to adapt the hook for a tooth on either side of the jaw. Next, the hook is never necessarily taken from its groove in the fulcrum; and, lastly, the fulcrum is kept fast, at the end of the bar, by a spring. All these common-place conveniences have been attained before, but it is pretty certain that a really good instrument was never offered more reasonably, and we therefore recommend those interested in this branch of the profession, to call at the Messrs. Brewers, Washington street, Mr. White's apothecary shop, in the same street, and Mr. Kidder's, Court street, and examine the article, or at this office.

New Edition of Laennec.—Messrs. Wood, of New York, the publishers, will please accept our thanks for a copy of the above work, enriched by notes and translations from Andral, by our neighbor, Dr. John D. Fisher, of Boston. It came too late to receive further attention the present week, than barely to say that it is a large octavo of 782 pages, well printed, and on sale at Ticknor's, in Washington street.

The Scurvy.—The British ship Exmouth, which lately carried out recruits from England for the India service, was obliged to put into port on her passage, on account of the extensive prevalence of scurvy among the troops on board. The occurrence of this disease in ships is uncommon of late years, and is thought in this instance to have been occasioned by the inactive life led by the recruits on the passage. It disappeared shortly after they were sent ashore for a day or two, and had taken on board a supply of fresh meat, fruit and vegetables. In the early voyages round the world, hundreds of persons commonly died on board of one ship by this disease.

Acknowledgment.—The editor of the American Medical Almanac takes this method to inform several gentlemen with whom he has not the pleasure of a personal acquaintance, to whom the above named work has been sent, that they were presented with it by one of the profession of Boston, who often does liberal deeds; and as in this case he refuses to have his name disclosed, it is an act of justice to make this explanation.

Whole number of deaths in Boston for the week ending Dec. 29. 40. Males, 21—females, 19.

Of consumption, 8—brain fever, 1—dropsy, 1—measles, 2—intemperance, 1—sudden, 2—marasmus, 2—lung fever, 3—scarlet fever, 5—dropsy on the brain, 3—infantile, 3—fits, 2—hydrocephalus, 1—old age, 2—bowel complaint, 1—inflammation of the bowels, 1—stillborn, 1.

NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,
33 Prince St. corner of Salem St. Boston.

Oct. 17—1yeop

FOR SALE,

Within thirty miles of Boston, an estate now occupied by a physician, who is about to leave the place. It will be sold at cost, which is between 2500 and 3000 dollars. The practice is a valuable one, as can be satisfactorily shown to any applicant. For name and place, inquire at this office; if by mail, post paid. Nov 21—3t

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post-paid*, without which no letter will be taken from the post office. Oct. 25.

ALBANY MEDICAL COLLEGE.

THE public course of lectures in this Institution will commence on WEDNESDAY, the 2d of January, 1839, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the courses full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

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Chemistry and Natural History, by - - - - - - EBENEZER EMMONS, M.D.
Anatomy and Physiology, by - - - - - - - JAMES H. ARMSBY, M.D.
Obstetrics and Diseases of Women and Children, by - HENRY GREENE, M.D.
Materia Medica and Pharmacy, by - - - - - - DAVID M. M'LACHLAN, M.D.
Medical Jurisprudence, by - - - - - - - AMOS DEAN, Esq.

The price of tickets to all the lectures is $65. Graduation fee, $20. Matriculation fee, $5. Dissecting fee, $5. Graduates, licentiates, regular practitioners, and students who have attended two full courses of lectures at any incorporated institution, are required to pay only the matriculation fee.

The price of boarding and lodging varies from $2,50 to $3,00 per week.

Albany, 1838. O31* J. H. ARMSBY, *Dean of the Faculty.*

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GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct 31—eptf

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 18th day of February, 1839.

Anatomy and Surgery, by JOSEPH ROBY, M.D., of Boston.
Theory and Practice of Physic, Obstetrics, and Medical Jurisprudence, by JAMES MCKEEN, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is $50, payable in advance. The lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

P. CLEAVELAND, *Secretary.*

Brunswick, Me., October, 1838. D. 5—eop6t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price $3,00 a year in advance. $3.50 after three months, and $4,00 if not paid within the year.—Agents allowed every seventh copy *gratis.*—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIX.] WEDNESDAY JANUARY 9, 1839. [NO. 23.

DR. MARSHALL HALL ON PUERPERAL DISEASES.

(Continued from page 123.)

But there is another case particularly frequent in the puerperal state, it is that of

The Effects of Stomachal and Intestinal Irritation.—Some of the effects of intestinal irritation may be observed before parturition. But it is far more usual to find them developed afterwards. They generally take place rather suddenly about forty or fifty hours after delivery; but the puerperal state appears so to dispose to this affection, that the presence of any cause of stomachal or intestinal irritation, cannot always be borne with impunity for many days even after delivery.

This affection may, for the facility of description, be divided into the acute and insidious: each of these forms manifests itself with general symptoms only, or with some predominant local affection.

The acute form of intestinal irritation is generally ushered in by a violent rigor. This is an important fact; for rigor has been considered as denoting puerperal inflammation, and essential to the latter disease. Neither of these suppositions is true: for puerperal fever may occur in a severe and fatal form without rigor; and the severest rigor may only portend an attack of the effects of intestinal irritation; and in general the latter disease is attended with even a severer rigor than the former.

In the attack of intestinal irritation, there is usually, after the rigor, great heat of the surface. I have already observed, that this is by no means an essential part of puerperal inflammation; indeed, I do not think that it properly belongs to the latter disease, but that, when it does occur with inflammation, it denotes a mixed case, and the co-existence of intestinal irritation.

In the attack of the effects of intestinal irritation, there is usually earlier and even greater frequency of the pulse than in cases of puerperal inflammation; the pulse is also usually fuller than in the latter disease.

Intestinal irritation induces symptoms which are similar to those of the most acute phrenitis, or to those of the most acute peritonitis. This is a remark of the utmost practical importance; for the remedies in these different cases are totally different; and I should say, that in the former, the freest bloodletting must be aided by purgative medicines, whilst, in the latter, the freest and fullest evacuation of the intestines must be aided by bloodletting. A mistake, in either case, would, in my opinion, endanger the life of the patient; and it is a foolish and idle reeven although it might appear, from the lapse of time, unlikely that the injurious substance should remain in the stomach.

When the case originates from intestinal irritation, I would earnestly recommend that the first remedy should be an enema, consisting of three or four pints of warm water, very slowly and gently forced into the bowels. This should be followed by an active purge. And this should, in due time, be followed by a repetition of the injection. I need scarcely observe, that the evacuations should be immediately carefully examined, and the effects upon the symptoms of the disease be watched.

To abate the general heat and excitement of the system, to relieve the head or the abdomen, and to ensure perfect safety, the patient should, in cases in which the strength is not particularly impaired, be raised into the erect posture, and be blooded until faintishness be induced. This effect also should be carefully watched. If it occur from the loss of a small quantity of blood, it confirms the diagnosis; if it do not occur until much blood have flowed, it should suggest the suspicion of more than mere intestinal irritation—of one of those mixed cases which so frequently occur.

I do not imagine that this decided use of the lancet can ever be attended with danger, if there have been no previous loss of blood, or other cause of exhaustion. But it could not be repeated with impunity. It would lead to exhaustion with the symptoms of reaction, to the state of sinking, or even to sudden dissolution. And if the case be really one of intestinal irritation, and the other remedies have been duly applied, such repetition of bloodletting will not be required.

It is an observation of great importance, that, in inflammation, repeated bloodletting is required, and is borne with safety; in intestinal irritation, on the contrary, the repetition of bloodletting is neither necessary nor safe.

This free evacuation of the bowels, and detraction of blood, are very apt to be followed by symptoms of hurry and alarm in the system. These effects are frequently prevented by the timely administration of an efficient and kindly anodyne; and I believe no anodyne is possessed of these qualities in a higher degree than the liquor opii sedativus of Battley. Of this excellent medicine a full dose may be given, and, if necessary, repeated in five or six hours.

If this plan do not perfectly relieve the topical affection, some local remedy must be applied. In cases of cerebral affection, leeches may be applied to the temples, or cupping, or a blister, to the nape of the neck, a cold lotion over the whole of the head, and fomentation to the feet. Leeches, a fomentation, a liniment, or a blister, may be applied, if there be affection of the abdomen.

Before the patient falls asleep, I would recommend some mild food to be taken, as gruel or panada. This plan prevents exhaustion, and frequently relieves the local symptoms, in securing a more refreshing kind of sleep.

For the same reason the utmost quiet must be preserved in the patient's room. Every species of disturbance greatly agitates the patient, and prevents the good effects of the remedies which have been employed.

[To be continued.]

DOCUMENTS IN THE HISTORY OF LITHOTRITY, PRINCIPALLY AMONG THE ARABIANS; BY J. J. CLEMENT MULLET.

(Translated from the *Journal Asiatique* of Paris, for June, 1837, and communicated for the Boston Medical and Surgical Journal.)

Since the re-appearance of lithotrity, different historical opinions have been published on this valuable method. Hippocrates has been cited, whose vague text is applied to all possible hypotheses; next Celsus; and then the celebrated Arabian physician, Abul-Cassem-Khalaf-ebn-Abbas-Azzahravi, who died at Cordova in 1107, and was the author of a treatise on theoretic medicine and a treatise on surgery. The first of these works, according to Barbier,* was published several times; the edition from which the passage here cited was extracted bears date in 1519, and is entitled *Abulcasis liber theoriæ nec non practicæ*, in 4to. At folio 94 we read as follows:—

"Accipiatur instrumentum subtile quod nominant moshabarebilia et suaviter introducatur in virgam, et volve lapidem in medio vesicæ, et si fuerit mollis frargitur et exit. Si vero non exiverit cum iis quæ diximus, oportet incidi ut in chirurgia determinatur."

Interesting as this passage is, it nevertheless leaves much to be desired, from its want of precision; from which, indeed, we might even doubt of the correctness of the translation; and I could have wished to be able to obtain the text itself, in order to verify it; but I could not find either that or the translation, for neither of them are in the royal library.

The treatise on surgery speaks of an operation which is a real process of lithotrity, and leads us directly to the process now in use. This treatise was published in England by Channing, with a translation on the opposite pages, and accompanied with figures representing the instruments.† There is at the royal library one manuscript of it in African characters (No. 544 of the Asselin collection), which M. Reinaud has had the politeness to make known to me. In the first volume, p. 289, ch. lx. of the printed copy, and chap. lx. of the second part in the manuscript, we read [here follows an extract from the Arabic text, of which the following is a translation.]

"If it should happen that the stone is of small size and adheres to the canal of the urethra, so as to obstruct the passage of the urine, we must, before resorting to the operation of cutting, employ the process which I have described, and which often dispenses with having recourse to that, as I have myself had experience. This process is as follows:

"You must take a perforating instrument of steel, of this form [see figure in the note], triangular, terminating in a point and fixed in a wooden handle. You then take a thread, with which you make a liga-

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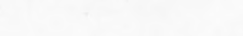
* *Dict. Biograph.*, published by Gen. Beauvais, and revised by Barbier, as to the bibliography. Paris, 1826, et Seqq.

† Abulcasis, de Chirurgia, arabice et latine, cura. J. Channing, Oxonii, 1778, 2 vols. in 4to, wood cuts. These figures are not always in accordance with the manuscript; for example, that which accompanies the passage here cited (from the original Arabic).



A good French translation of this treatise might be useful."—Note.

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The amount of fees for the lectures is $50, payable in advance. The lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

P. CLEAVELAND, *Secretary.*

Brunswick, Me., October, 1838. D. 5—eop6t

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